Approved for use through 7/31/2006 OMB 0661-0032 U.S. Palent and Tradement Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMB control number. Application or Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR MUMBER FILED BASIC FEE NUMBER EXTRA RATE (\$) (37 CFR 1 16(0) (b) & (c)) FEE (S) NVA RATE (\$) N/A SEARCH FEE FEE (S) NVA 150.00 137 CFR 1 16(N. 11. or [m]) N/A N/A . 300.00 N/A EXAMINATION FEE NA \$250. (37 CFR 1 16(a). (p). or (q)) N/A NA \$500 N/A TOTAL CLAIMS NA \$100 (37.0FR 1 16(4) NA \$200 INDEPENDENT CLAIMS minus 20 . X\$ 25 (37 CFR 1 16(N)) X\$50 ÓR minus 3 X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 164)) +180= "If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS OTHER THAN SMALL ENTITY OR HIGHEST REMAINING SMALL ENTITY Ø NUMBER PRESENT ENDMENT AFTER RATE (\$) PRÉVIOUSLY MENDMENT ADDI-**EXTRA** RATE (\$) PAID FOR Total Dr CFR 1.16(i) TIONAL Minus FEE (\$) TIONAL Indopendent . D7 CFR 1, 16(N) X\$ 25 FEE (1) Minus X\$50 OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADDIVITEE (Calumn 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT 世出 AFTER. RATE (\$) PREVIOUSLY ADDI-**EXTRA** AMENDMENT RATE (\$) PAID FOR TIONAL ADOI-Total Minus FEE (\$) TIONAL FEE (\$) independent . (37 CFR 1.10hl) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". TOTAL ADD'L FEE OR ADD'L FEE If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the public value of th

E COLOCION OF BIOGRAPHICA IN THE PROFIT OF T biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of the The amount of three you require to compare this form and/or suggestions for reducing this purport, should be sent to the United Implication Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS